## Enter your transmittal number

\_\_\_\_\_ W000429

Transmittal Number

Your unique Transmittal Number can be accessed online: <a href="http://mass.gov/dep/service/online/trasmfrm.shtml">http://mass.gov/dep/service/online/trasmfrm.shtml</a> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

**Massachusetts Department of Environmental Protection** 

## Transmittal Form for Permit Application and Payment

1. Please type or	Ā	. Permit Informatio	n				
print. A separate Transmittal Form		PHARMACO					
must be completed	Ŀ	Permit Code: 7 or 8 character code from perm		Industrial Sewer User in Non-IPP			
for each permit		Permit Renewal			discharging more than 25,000 GPD		
application.	3. Type of Project or Activity						
2. Make your							
check payable to the Commonwealth of Massachusetts and mail it with a copy of this form to DEP, P.O. Box 4062, Boston, MA 02211.	B. Applicant Information – Firm or Individual						
		1. Name of Firm - Or, if party needing this approval is an individual enter name below:					
	):						
		2. Last Name of Individual 3. Fire		3. First	st Name of Individual		4. MI
A 100		5. Street Address			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3. Three copies of this form will be							
needed.		6. City/Town		7. State	8. Zip Code	9. Telephone #	10. Ext. #
Copy 1 - the original must		11. Contact Person 12. e-mail address (optional)					
accompany your permit application. Copy 2 must	. C. Facility, Site or Individual Requiring Approval						
accompany your							
fee payment.		1. Name of Facility, Site Or	Individual				
Copy 3 should be		244 Worcester Street					
retained for your records		Street Address	-				*****
records		North Grafton		MA	01536	508-839-4441	
4. Both fee-paying		3. City/Town		4. State	5. Zip Code	6. Telephone #	7. Ext. #
and exempt		130861					
applicants must mail a copy of this		8. DEP Facility Number (if K	nown)	9. Federa	il I.D. Number (if Kno	own) 10. BWSC Track	ing # (if Known)
transmittal form to:	D.	<b>Application Prepa</b>	red by (if differe	nt from	Section B)*		
MassDEP		••	(11 11 11 11 11 11 11 11 11 11 11 11 11				
P.O. Box 4062		1. Name of Firm Or Individua					
Boston, MA 02211		1. Name of Fifth Of Malviage	a)				
<b></b> ··		2. Address					
		3. City/Town		4. State	5. Zip Code	6. Telephone #	7. Ext. #
		8. Contact Person			9. LSP Number (BW	/SC Permits only)	
	E. Permit - Project Coordination						
	1. Is this project subject to MEPA review? ☐ yes ☒ no						
	If yes, enter the project's EOEA file number - assigned when an Environmental Notification Form is submitted to the MEPA unit:						
	F. Amount Due						
DEP Use Only	Spe	ecial Provisions:					
Permit No:	1.						
		There are no fee exemptions for BWSC permits, regardless of applicant status.					
Rec'd Date:	<ol> <li>Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).</li> <li>Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).</li> <li>Homeowner (according to 310 CMR 4.02).</li> </ol>						
Reviewer:		185504	\$1,605			11/28/2007	

Dollar Amount

Check Number

Date